



## 2018 Behavioral Health Public Policy Agenda

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### **Mental Health 2020**

The Association proposed a package of mental health improvement initiatives in August 2017 that we called Mental Health 2020. This aimed to restore funding balance to the Community Mental Health Center (CMHC) System as well as assist in workforce development programs to increase the number of psychiatrists who will be trained and incentivized to stay in Kansas. The Association also requested funding for the Kansas Department of Aging and Disability Services (KDADS) to invest in community-based crisis stabilization and treatment services similar to programs commenced in Kansas City with Rainbow Services, Inc. and in Wichita with the COMCARE Crisis Center.

**Addressing the Needs of the Uninsured and Underinsured-Restoring the Promise of Mental Health Reform.** The Kansas Mental Health Reform Act of 1990 paved the way for all Kansans to receive community based mental health treatment. The CMHCs are required to serve every person who walks through their doors, regardless of their ability to pay, much like community hospitals. This funding stream has been reduced significantly over the last decade, though the demand for services from the uninsured and underinsured continues to increase. If those in need of services do not receive timely treatment, they may have to be served in emergency rooms, state hospitals or jails, all of which are much more expensive than community-based services.

Leaders in the legislature stepped forward to begin the process of restoring the promise of mental health reform during the 2017 Legislative Session. \$8.5 million was restored to the grants program for FY 2018 and an additional \$6 million should be restored to this program for FY 2019. We ask that legislators help us keep these commitments and work toward the goal of returning to at least the same level of funding as FY 2007.

**Support Community Crisis Center Funding.** \$2.8 million in funding for community crisis centers for FY 2018 was added from funding originally intended for the mental health reform grants. Funding to establish local public/private partnerships for regional Crisis Stabilization Units has helped provide treatment for those individuals who can be stabilized without utilizing a State psychiatric hospital.

**Support Increase of the Residency Program at the University of Kansas Department of Psychiatry.** CMHCs and the State psychiatric hospitals are facing an alarming shortage of licensed psychiatrists who specialize in the treatment of persons with mental illness. Kansas has lost a significant number of psychiatrists over the last decade due to a reduction in training programs and retirements. A significant step in enhancing the treatment for persons with mental health issues could be achieved by doubling the number of residents at KU to begin the process of replenishing this shortage and helping Kansas to be a national leader in mental health treatment.

**Address Critical Needs in Psychiatric Inpatient Resources.** Reductions in State psychiatric inpatient budgets, coupled with funding reductions in Mental Health Reform dollars, have resulted in our system reaching a crisis. The State hospitals are the inpatient safety net for individuals with severe mental illness in Kansas. Seventy (70) percent of those admitted to State hospitals do not have Medicaid as a payor source. We support Osawatomie State Hospital (OSH) returning to 206 beds. OSH is a vital part of the mental health treatment system in Kansas and the State cannot afford to lose any more inpatient beds.

**Medicaid Expansion.** More than half of those who present for treatment at CMHCs have no insurance. Expansion of Medicaid will provide coverage for those who have a mental illness so they can access needed mental health treatment in their communities. What we know is that if a person with a mental health need does not have insurance, he or she is less likely to seek out care, which means that CMHCs oftentimes are dealing with crisis situations for those without insurance. Our Association strongly believes that mental health treatment parity needs to be a requirement of any expansion plan.

**Support Policy Change to Suspend rather than Terminate Medicaid Eligibility upon Incarceration.** Support the government's primary responsibility for the provision of health and mental health care to the State's most vulnerable citizens—those with disabilities, both physical and psychological. This includes suspension of, not termination of, Medicaid eligibility when an individual is incarcerated in a county facility or state prison. Upon release, the ex-offenders' eligibility should immediately be reinstated to ensure those individuals with mental illness or substance abuse are able to immediately access care, treatment and needed medications upon release. At this time, Kansas law does not allow for suspension of Medicaid eligibility to be reinstated upon release from prison.

**Support Use of Problem Gambling and Addictions Fund (PGAF) As Provided in Statute.** Senate Bill 66, the Expanded Lottery Act, established the Problem Gambling and Addiction Fund to treat pathological gambling and other addictions. Two percent of state gaming revenues are supposed to go to establish prevention and treatment programs as well as long-standing funding gaps in the prevention and treatment of substance use disorders. We support the long-range plan to expend funds according to the KDADS Strategic Plan including problem gambling treatment and expansion of substance use disorder treatment services.

**Provide Oversight of Mental Health Medication Practices in the KanCare Program.** We oppose policies that restrict access to medically necessary medications. Preferred drug lists with prior authorization requirements, restrictive formularies, fail first requirements, monthly prescription limits, and tiered co-payment structures are all examples of policies that threaten the safety, health, and ultimately jeopardize the recovery process for persons with a mental illness. The Legislature should establish oversight mechanisms to ensure that any practice that limits access to medically necessary medications produces the least harm for patients.

**Support initiatives providing care coordination.** Kansas should be a leader in establishing care coordination programs for individuals on Medicaid with chronic conditions. Health homes type programs that integrate physical and behavioral healthcare should be the cornerstone of any healthcare program the State administered. Providing the right care at the right time for patients, and linking those patients to other community resources is a core value of CMHCs in Kansas.

**Increase access to critical housing resources.** Lack of stable housing resources for individuals with mental health needs remains as an issue across Kansas. What we oftentimes see, is that without the availability of housing for those suffering from mental illness, recovery remains beyond their reach. Housing is a basic need, and when that need is not met, people cycle in and out of jails, shelters, hospitals, and into homelessness. It is hard to hold down a job, or keep your family intact without a roof over your head. The Association supports increased funding for housing and stabilization services so that individuals with mental illness can live in their own communities and overcome this barrier to recovery.

**Establishment of an Opioid Task Force.** Opioid addiction is very serious public health threat impacting Kansans daily. It claims the lives of hundreds of Kansas every year and it wreaks havoc on communities and families alike. Kansas should be at the forefront of addressing this imminent threat. We need to establish a multidisciplinary task force to study and produce actionable recommendations for the Legislature.

**Oppose efforts that could destabilize the public mental health system.** CMHCs are the foundation of the public health safety net. They have a statutory and contractual responsibility to serve every patient regardless of their ability to pay. Any changes to Medicaid, which is an integral partner in helping CMHCs provide behavioral health treatment, must be well thoughtfully and thoroughly vetted.